

[illegible]

**1. Where were you COMING FROM when you received this survey?**

1 a. Enter appropriate zone number from map above .....

**1b. City/Village/Town** \_\_\_\_\_, **County** \_\_\_\_\_ **State** \_\_\_\_\_

**2. Where were you GOING TO when you received this survey?**

2a. Enter appropriate zone number from map above .....

2b. City/Village/Town \_\_\_\_\_, County \_\_\_\_\_ State \_\_\_\_\_

3. What type of vehicle were you driving? ..... (1) \_\_ Passenger Car (3) \_\_ Light Truck or Van  
(5) \_\_ Heavy Truck

**4. How many people were in the vehicle:**

**Thank you for your participation.**

- DOT USE ONLY

### In/Outbound

**1 2**

Document No.

015154

**Thru Trip**  
**1** Yes **2** No

### Entrance

## Exit

Fold flap over , moisten and seal

STATION 65

Date \_\_\_\_\_

Time \_\_\_\_\_

ATTN:  
Travel Data  
Development Section

T12084 494 (Town of Menasha)

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 2228 MADISON, WI

POSTAGE WILL BE PAID BY ADDRESSEE

DIVISION OF PLANNING & BUDGET RM 901  
WISCONSIN DEPT OF TRANSPORTATION  
P O BOX 7913  
MADISON WI 53791-8714

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



Fold Here



**Wisconsin Department of Transportation**

**Dear Motorist:**

We would like some information about your travel today. Your response is critical in helping us determine travel patterns. We use this information to help us make decisions regarding highway improvements.

Please complete the survey on the back using the map to assist you. Then refold as indicated and seal the survey so that the address with Business Reply Mail permit shows to the outside, and mail it back to us within two weeks. Postage has been prepaid.

All responses are strictly confidential. The information will only be used for statistical purposes. Your responses are very important. Please return this survey even if you returned one earlier.

*Charles H. Thompson*  
Charles H. Thompson  
Secretary

Fold Here

636  
200-276

Wisconsin Department of Transportation										DOCUMENT NO. 049551									
TRANSPORTATION O & D SURVEY										EXTERNAL TRIP									
1 INBOUND (Circle Code Selection) 2 OUTBOUND										DT1052-92									
Study Name										Station No.									
Highway No.										Survey Date									
Hour Period Began										Interviewer (Initials)									
m																			
Address Municipality										THRU TRIP (circle one)									
1										1 Yes 2 No									
Route or Station No.																			
Address Municipality										Entrance Exit									
DEST																			
Address Municipality										IL MI MN IA									
TRUCK & BUS										Base or Home									
2P 2D 3A+ 3A+ Bus Comb Dbl Btm										Work									
1										0 1 2 3 4 8 9									
3 4 5 6 7										0 1 2 3 4 8 9									
Special Description										Code									
ORG 2										THRU TRIP (circle one)									
Address Municipality										1 Yes 2 No									
Route or Station No.																			
Address Municipality										Entrance Exit									
DEST																			
Address Municipality										IL MI MN IA									
TRUCK & BUS										Base or Home									
2P 2D 3A+ 3A+ Bus Comb Dbl Btm										Work									
1										0 1 2 3 4 8 9									
3 4 5 6 7										0 1 2 3 4 8 9									
Special Description										Code									
ORG 3										THRU TRIP (circle one)									
Address Municipality										1 Yes 2 No									
Route or Station No.																			
Address Municipality										Entrance Exit									
DEST																			
Address Municipality										IL MI MN IA									
TRUCK & BUS										Base or Home									
2P 2D 3A+ 3A+ Bus Comb Dbl Btm										Work									
1										0 1 2 3 4 8 9									
3 4 5 6 7										0 1 2 3 4 8 9									
Special Description										Code									